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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

| | |
|------------------------|----------------|
| Application Number | 09/647,821 |
| Filing Date | 10/03/2000 |
| First Named Inventor | Solomon et al. |
| Group Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | 75978/10733 |

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has procured other counsel and has requested the law firm of Arter & Hadden, including all attorneys associated with Customer No. 23380, to transfer applicant's file to the lawfirm of Baker & McKenzie, whose address is listed below.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

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| <input type="checkbox"/> Customer Number | | CORRESPONDENCE ADDRESS | | Place Customer Number Bar Code Label here | |
| OR | | | | | |
| <input checked="" type="checkbox"/> Firm or Individual Name | James D. Jacobs, Esq., | | | | |
| Address | Baker & McKenzie | | | | |
| Address | 805 Third Avenue | | | | |
| City | New York | State | NY | ZIP | 10022 |
| Country | United States | | | | |
| Telephone | (212) 891-3951 | Fax | (212) 759-9133 | | |

This request is enclosed in triplicate.

Name Susan L. Mizer, Reg. No. 38,245

Signature *[Signature]*

Date 2/25/02

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

[Signature]
APPROVED

Richard V. Fisher, Director
Technology Center 1700

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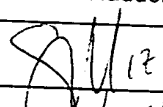
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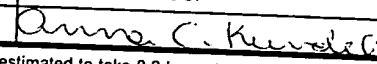
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| | | | |
|---|----------------------|------------------------|-------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/647,821 | |
| | Filing Date | 10/03/2000 | |
| | First Named Inventor | Solomon et al. | |
| | Group Art Unit | Unknown | |
| | Examiner Name | Unknown | |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 75978/10733 |

| ENCLOSURES (check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
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| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Request for Withdrawal as Attorney or Agent. |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| | |
|--|---|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
| Firm or Individual name | Susan L. Mizer, Reg. No. 38,245 Arter & Hadden LLP |
| Signature |  |
| Date | 1/25/02 |

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| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 1-25-02 | |
| Typed or printed name | Anna C. Kundel |
| Signature |  |
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Docket No.: 75978/10734